### **Application Data Sheet**

### **Application Information**

Application number::

Filing Date:: February 27, 2004

Application Type:: Regular Subject Matter:: Utility

Suggested classification:: Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks:: Number of copies of CDs::

Sequence submission?::

Computer Readable Form (CFR)?::

Number of copies of CRF::

Title:: Systems and Methods for

Automatically Collecting, Formatting, and Storing Medical Device Data in a

Database

Attorney Docket Number:: 300567

Request for Early Publication?::

Request for Non-Publication?::

Suggested Drawing Figure::

Total Drawing Sheets::

13

Small Entity?:: No

Latin name::

Variety denomination name::

Petition Included?:: No

Petition Type:

Licensed US Govt. Agency:: Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

## **Applicant Information**

Applicant Authority Type:: Inventor Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: James
Middle Name:: A.

Family Name:: ESLER

Name Suffix::

City of Residence:: Coon Rapids

State or Province of Residence:: MN
Country of Residence:: US

Street of mailing address:: 10916 Flora Street NW

City of mailing address:: Coon Rapids

State or Province of mailing address:: MN
Country of mailing address:: US

Postal or Zip Code of mailing address:: 55433

Applicant Authority Type:: Inventor Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Richard

Name::

Family Name:: FEARS

Name Suffix::

City of Residence:: Moundsview

State or Province of Residence:: MN Country of Residence:: US

Street of mailing address:: 8322 Knollwood Drive

City of mailing address:: Moundsview

State or Province of mailing address::

Country of mailing address::

US

Postal or Zip Code of mailing address::

55112

Applicant Authority Type:: Inventor Primary Citizenship Country:: Syria

Status:: Full Capacity

Given Name:: Firass

Middle Name::

Family Name:: SHEHADEH

Name Suffix::

City of Residence:: Maple Grove

State or Province of Residence:: MN Country of Residence:: US

Street of mailing address:: 9005 Garland Avenue

City of mailing address:: Maple Grove

State or Province of mailing address:: MN
Country of mailing address:: US
Postal or Zip Code of mailing address:: 55311

Applicant Authority Type:: Inventor Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Rocco Middle Name:: E.

Family Name:: ROSSINNI

Name Suffix::

City of Residence::

State or Province of Residence::

MN

Country of Residence::

US

Street of mailing address:: 2377 Roselawn Avenue West

City of mailing address::
State or Province of mailing address::

MN

Country of mailing address:: US
Postal or Zip Code of mailing address:: 55113

Applicant Authority Type:: Inventor Primary Citizenship Country:: AU

Status:: Full Capacity

Given Name::

Middle Name::

R. H.

Family Name::

PRATT

Name Suffix::

City of Residence:: Arden Hills

State or Province of Residence:: MN
Country of Residence:: US

Street of mailing address:: 1390 Indian Oaks Court

City of mailing address:: Arden Hills

State or Province of mailing address::

Country of mailing address::

US

Postal or Zip Code of mailing address::

55112

### **Correspondence Information**

Correspondence Customer Number:: 25764

Name::

Street of mailing address:: City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

Phone number:: Fax Number:: E-Mail address::						
Representative Information						
Representative Customer Number::		25764				
Representative Designation::		Registration Number::		Representative Name::		
Primary		40,647			Chad S. Hilyard	
Domestic Priority Information						
Application::	n:: Continuity		Pa	Parent Application		Parent Filing Date::
77 1 200 1 20						
Foreign Priority Information						
Country::	Country:: Application num			Filing Date::		Priority Claimed::

# **Assignee Information**

Assignee name::
Street of mailing address::
City of mailing address::
State or Province of mailing address::
Country of mailing address::
Postal or Zip Code of mailing address::

Cardiac Pacemakers, Inc. 4100 Hamline Avenue North

St. Paul

MN

US

55112